

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM (PTO-875))

SERIAL NO.

10/583303

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 3 rd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	↖		7	↖		↖
TOTAL CLAIMS			9			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 3 rd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	↖		↖		↖	
TOTAL CLAIMS						